



## APPLICATION FOR EMPLOYMENT

**Durham County Sheriff's Office**  
201 East Main Street, 1<sup>st</sup> Floor  
Durham, North Carolina 27701  
**(919) 560-0897**



Hours: 8:30-5:00 p.m. Monday - Friday

Internet: [http://www.durhamcountync.gov/departments/shrf/Employment\\_Opportunities/Employment\\_Opportunities.html](http://www.durhamcountync.gov/departments/shrf/Employment_Opportunities/Employment_Opportunities.html)

**Please Type or Print Clearly in Ink**

### INSTRUCTIONS

Please Read and Follow Carefully

1. A separate application must be completed for each position for which you apply.
2. Resume may be submitted with application for supplemental information.
3. Applications must be completed, dated, and signed. Incomplete applications will not be processed.
4. Applications must be submitted or postmarked by 12:00 AM on or before the closing date indicated.
5. Applications, resumes, transcripts, letters of reference and other information submitted will become the property of the Office of the Sheriff and will not be returned.

It is the policy of Durham County and the Durham County Sheriff's Office to hire only those persons who are lawfully authorized to work in the United States. As a condition of employment, individuals hired by the Sheriff's Office are **required to present proof of identity** and of their legal eligibility to work in the United States **before they can begin work**. Individuals considered for hire by the Sheriff's Office are required to undergo a background investigation and drug screening during the application process. It is the further policy of Durham County, and the Sheriff that **no persons will be hired who are delinquent in paying real or personal property taxes to the County**.

**PLEASE NOTE: YOU WILL RECEIVE NO FURTHER COMMUNICATION UNLESS THE HIRING DEPARTMENT SCHEDULES YOU FOR AN INTERVIEW.**

**Please Type or Print Clearly in Ink**

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Present Address: \_\_\_\_\_  
No. and Street City State Zip Code

Home Phone No.: \_\_\_\_\_ Business Phone No.: \_\_\_\_\_

Mobile Phone No.: \_\_\_\_\_

Position Title: \_\_\_\_\_ Position Number: \_\_\_\_\_

Department: \_\_\_\_\_

## EDUCATION

Circle highest level completed.

1  2  3  4  5  6  7  8  9  10  11  12  GED  College 1  2  3  4  Graduate School 1  2  3  4

School	Location	Attended		Grad?		Semester/ Quarter Hrs.	Type of Degree or Diploma	Major	Minor
		From	To	YES	NO				
High School or GED				YES <input type="checkbox"/>	NO <input type="checkbox"/>				
College or University				YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Graduate or Professional School				YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Vocational or Technical School				YES <input type="checkbox"/>	NO <input type="checkbox"/>				

List specific courses, workshops, training or rotations you have had that are related to the position for which you are applying.

\_\_\_\_\_

## SKILLS

Check the following skills, experiences, etc., which you have.

- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> Car for use at work             | <input type="checkbox"/> Bank Teller  | <input type="checkbox"/> Sign Language                     |
| <input type="checkbox"/> Typing ___ wpm                  | <input type="checkbox"/> Bookkeeper   | <input type="checkbox"/> Braille                           |
| <input type="checkbox"/> Shorthand/Speedwriting ___ wpm  | <input type="checkbox"/> Tax Preparer | <input type="checkbox"/> Foreign Language (specify) _____  |
| <input type="checkbox"/> Word Processing (specify) _____ | <input type="checkbox"/> Accounting   | <input type="checkbox"/> Computer Hardware (specify) _____ |
| <input type="checkbox"/> Transcription (specify) _____   | <input type="checkbox"/> Sales        | <input type="checkbox"/> Computer Language (specify) _____ |
| <input type="checkbox"/> Adding Machine/Calculator       | <input type="checkbox"/> Cashier      |  |
| <input type="checkbox"/> Data Entry                      | <input type="checkbox"/> Other _____  |  |

If you are applying for a position that requires a driver's license, please provide:

State: \_\_\_\_\_ Class Type: \_\_\_\_\_ Number: \_\_\_\_\_

### FOR SUPERVISORY/MANAGEMENT POSITIONS ONLY

Indicate the type (i.e., professional, technical, clerical, service, etc.), and number of employees you have supervised: \_\_\_\_\_

\_\_\_\_\_

Check the following skills, experiences, etc., which you have.

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Work Planning/Coordination   | <input type="checkbox"/> Employee Counseling/Coaching    | <input type="checkbox"/> Statistical Analysis           |
| <input type="checkbox"/> Employee Selection/Dismissal | <input type="checkbox"/> Employee Performance Evaluation | <input type="checkbox"/> Budget Preparation/Maintenance |
| <input type="checkbox"/> Scheduling                   | <input type="checkbox"/> Staff Training                  | <input type="checkbox"/> Contract Negotiations          |
| <input type="checkbox"/> Work Assignment              | <input type="checkbox"/> Oral Presentation               | <input type="checkbox"/> Report Preparations            |

List fields of work for which you have been registered, licensed, or certified.

Registration: \_\_\_\_\_ State: \_\_\_\_\_ No.: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

List memberships in employment-related professional or technical societies.

\_\_\_\_\_

\_\_\_\_\_

## EMPLOYMENT HISTORY

### PLEASE READ CAREFULLY

Using a separate section for each position, describe in detail all work experiences beginning with your present or most recent job. Include periods of unemployment, military service, internships, and volunteer and summer work. Use additional "Continuation Sheets" if necessary. Be sure to indicate whether employment was full-time or part-time, and if part-time, state the average number of hours worked per week. Incomplete information will result in the disqualification of your application. Your present employer **will be contacted** if you are a finalist.

Employer: (Present or most recent)	Type of Organization:	Phone No:	Address:
Job Title:	Name of Supervisor:	No. Supervised by You:	
Date Employed: (mo/yr)	Starting Salary: \$ _____ per	Ending Salary: \$ _____ per	Reason for Leaving:
Date Separated: (mo/yr)	Job Duties: ( Be specific)		
<input type="checkbox"/> Full-time __ # Years __ # Months <input type="checkbox"/> Part-time __ # Years __ # Months  If part-time, number of hours per week: ____			

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**Continuation Sheet**

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**Continuation Sheet**

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<b>Position Title:</b> _____	<b>Position Number:</b> _____
_____ Applicant's Signature (Unsigned applications will not be processed.)	_____ Date

## GENERAL INFORMATION

- Do you now work for Durham County Government?  Yes  No
  - Have you ever worked for Durham County Government?  Yes  No
  - Are you related by blood or marriage to any person now working at Durham County Government?  Yes  No  
(If yes, give name, relationship to you and the department where employed.)
- 
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- Have you worked under any other name?  Yes  No (Required for verifying education, work records and references.)  
If yes, please list. \_\_\_\_\_

- Check types of work you will accept.  
 Permanent Full-time                       Permanent Part-time                       Work involving travel  
 Temporary Full-time                       Temporary Part-time                       Any of the preceding  
 Shift or Split Shift Work

- If you are not available for work now, enter the earliest date you could begin work (month/day/year). \_\_\_\_\_

- Have you ever been convicted of any crime under the name you used on this application or under any other name?  
(Omit traffic violations with fines of \$50 or less.)  Yes  No

If yes, please explain when, where, and disposition of case. NOTE: The existence of a criminal record does not automatically eliminate you from employment consideration.

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### REFERRAL SOURCES

Please indicate your referral source:

- |  |   |
|--|---|
| <input type="checkbox"/> Durham County Employment Opportunities Bulletin | <input type="checkbox"/> Durham County Website          |
| <input type="checkbox"/> Durham County Job Line                          | <input type="checkbox"/> Employment Security Commission |
| <input type="checkbox"/> Durham County Sheriff's Office Website          | <input type="checkbox"/> Other _____                    |

## REFERENCES

List individuals familiar with your capabilities. Do not list relatives or supervisors previously noted under employment.

NAME	YEARS KNOWN	ORGANIZATION POSITION	HOME/BUSINESS ADDRESS	HOME/BUSINESS PHONE

## CERTIFICATION

I certify, to the best of my knowledge and belief, that the statements given above truly represent my background and experience. I understand that if I have knowingly misrepresented, omitted, or falsified any of the application information, I will be disqualified for employment consideration or dismissed from employment with the County. Further, I understand that as a condition of employment, I may be required to undergo testing for controlled substances. In addition, I hereby authorize my current and former employers (including the U.S. Government or U.S. Military), personal references, registration and licensing boards, and educational institutions listed on my application for employment, to provide Durham County Government with any job-related information requested. I also permit the County to conduct a police and court records investigation of my background if relevant to the job for which I am applying. Notwithstanding any provisions of Federal or State law, I expressly waive any right I may have to review confidential material or information received by the County from a previous employer or educational institution.

Finally, I attest, under penalty of perjury, that I am legally authorized to work in the United States, and that, if I am a male between the ages of 18-26, I (please check) have , have not  registered for selective service. I further attest that if I am a real or personal property owner, all taxes are current.

\_\_\_\_\_  
Applicant's Signature

(Unsigned applications will not be processed.)

\_\_\_\_\_  
Date